THE KENNEDY CENTER

DC Partnership Schools Initiative
2017-18 Student Centered Residency Program
Residency Scheduling Form

Instructions: Teaching Artist, please send in pages 1-2 as soon as schedule is set or at least one week prior to residency start. This form is used to generate contract for services.

Artist Contact Info:

Artist: _____

Art Form: _____

Residency Title:_____

E-mail: _____Phone:_____

Contact Information for Participating Teachers:

School:_____

Participating Students: _____ Grade Level:_____

Room #/Location of Sessions:_____

Participating Teacher(s) (include grade level or subject)	**Home Phone and/or Cell Phone**	**E-mail address**

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2017-18 Residency Schedule

Event	Day and Date	Time
Planning Meeting 1		
Classroom Observation & Planning Meeting 2		
Residency Session 1		
Residency Session 2		
Residency Session 3		
Residency Session 4		
Residency Session 5		
Residency Session 6		
Residency Session 7		
Residency Session 8		
Residency Session 9		
Residency Session 10		
"Make Up" Day (e.g. inclement weather, illness)		
Culminating Event		
Evaluation Meeting		

Kennedy Center Contact Information

Name
Jeanette McCune, Director **(202.416.8825 office, cell: 202.465.1695, jsmccune@kennedy-center.org)** **Ray Llanos, Manager** **(202.416.8839,** rallanos@kennedy-center.org) DC School and Community Initiatives Education Department Kennedy Center P.O. Box 101510 Arlington, VA 22210 Fax: (202) 416-4846

Completed form should be submitted via fax to Ray Llanos via email (rallanos@kennedy-center.org), cc or fax (202-416-4846) once residency dates are scheduled and no later than one week prior to residency start.

Please send an email to Jeanette McCune and Ray Llanos with any contact information or schedule changes

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PRINCIPAL APPROVAL FORM

Instructions: Approval form due at least one week prior to residency start by participating teacher(s).

Artist Assigned to School:

Name: _____Art Form:_____

Begin Date:_____ End Date: _____

Culminating Event Date/Time: _____

Signature of Artist: _____

Signature(s) of Participating Teachers:

_____ _____

Teacher 1 Teacher 3

_____ _____

Teacher 2 Teacher 4

I have reviewed the residency schedule prepared by the artist assigned to my school and the participating teacher(s) listed above. I give my approval for the residency to occur within the dates listed above. I have approved the use of _____ (space) for the residency and _____ (space) for the culminating event.

Signature of Principal

_____ _____

Principal Date

Completed form should be submitted via fax to Ray Llanos via email (rallanos@kennedy-center.org) or fax (202-416-4846) one week prior to residency start.